

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT								
	INO.	DEP.	INO.	DEP.	INO.	DEP.		INO.	DEP.	INO.	DEP.	INO.	DEP.
1							61						
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46													
47													
48													
49													
50													
TOTAL INO.	5						TOTAL INO.						
TOTAL DEP.	26						TOTAL DEP.						
TOTAL	31						TOTAL						